



Grant County EMERGENCY MANAGEMENT

3953 Airway DR NE, Bldg # 2 Moses Lake, Washington 98837-9753
Office 509-762-1462 Fax 509-762-1465 Email gcem@co.grant.wa.us

Emergency Worker Registration Instructions:

1. Complete attached Form, Waiver and Authorization to Release Form and Sign the Personal Responsibilities of Emergency Workers form.
2. Sign name in box below
3. Specify the group you are affiliated with (group affiliation – CERT, HAM, VIPS, Animal outreach, SAR etc.)
4. Attach driver's license style photo, either print or digital
5. Enclose a copy of completion certificates for the following;
 - IS-100b - Introduction to Incident Command System
 - IS-700a – National Incident Management System (NIMS)
 - IS-800b – National Response Framework, An Introduction

These classes can be taken online at www.fema.gov. If you are not able to complete these online, we do offer classes.

6. Enclose a copy of your First Aid/CPR Card, if you have not completed First Aid/CPR, let us know. Sometimes we are aware of a class being offered locally.
7. Return to:

Grant County Emergency Management
3953 Airway DR NE, Bldg # 2
Moses Lake WA 98837
8. We will process a basic background check. When complete you will be notified.

Questions? Contact Michele 509-762-1462.

Applicant Signature

Affiliated Group:_____

WAC 118-04-200

Personal responsibilities of emergency workers.

1. Emergency workers shall be responsible to certify to the authorized officials registering them and using their services that they are aware of and will comply with all applicable responsibilities and requirements set forth in these rules.
 - (a) Emergency workers have the responsibility to notify the on-scene authorized official if they have been using any medical prescription or other drug that has the potential to render them impaired, unfit, or unable to carry out their emergency assignment.
 - (b) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of or while using narcotics or any illegal controlled substance is prohibited.
 - (c) Participation by emergency workers in any mission, training event, or other authorized activity while under the influence of alcohol is prohibited.
 - (d) Emergency workers participating in any mission, training event, or other authorized activity shall possess a valid operator's license if they are assigned to operate vehicles, vessels, or aircraft during the mission unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180. All emergency workers driving vehicles to or from a mission must possess a valid driver's license and required insurance.
 - (e) Use of private vehicles, vessels, boats, or aircraft by emergency workers in any mission, training event, or other authorized activity without liability insurance required by chapter 46.29 RCW is prohibited unless specifically directed otherwise by an authorized official in accordance with RCW 38.52.180.
 - (f) Emergency workers shall adhere to all applicable traffic regulations during any mission, training event, or other authorized activity. This provision does not apply to individuals who have completed the emergency vehicle operator course or the emergency vehicle accident prevention course and who are duly authorized under state law to use special driving skills and equipment and who do so at the direction of an authorized official.
2. Emergency workers have the responsibility to comply with all other requirements as determined by the authorized official using their services. (*Grant County requires, IS-100b, IS-700a and IS-800b, and First Aid/CPR for **all** emergency workers. Other requirements may apply.*)

3. When reporting to the scene, emergency workers have the responsibility to inform the on-scene authorized official whether they are mentally and physically fit for their assigned duties. Emergency workers reporting as not fit for currently assigned duties may request a less demanding assignment that is appropriate to their current capabilities.
4. Emergency workers have the responsibility to check in with the appropriate on-scene official and to complete all required recordkeeping and reporting.

[Statutory Authority: Chapter 38.52 RCW. 01-02-053, § 118-04-200, filed 12/28/00, effective 1/28/01; 93-23-005 (Order 93-08), § 118-04-200, filed 11/4/93, effective 12/5/93.]

Signing in and out during activation of duty will document the credit for time worked. Time will be shared with WA State Dept of Labor and Industries for workers compensation and also documentation if needed for loss of tools are claimed.

I have read the above WAC (118-04-200) Personal responsibilities of emergency workers.

Signature of Applicant Date

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To: Grant County Emergency Management

I respectfully request and authorize you to furnish any law enforcement agency any and all information that you may have concerning me, my employment record, school record, military history, criminal record, and general reputation. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature, and photocopies of the same if requested. This information will be used for the purpose of determining my eligibility for a volunteer position in the Grant County Emergency Management Emergency Workers Program.

This waiver and authorization shall supersede any prior waiver, authorization, release or direction that I may have given you to the contrary concerning my records.

I understand my rights under Title 4, U.S.C. Section 552a, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by a law enforcement agency in conjunction with the volunteer process.

I hereby release you, your organization or others from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications as a volunteer within the Grant County Emergency Management Emergency Workers Program.

Print Applicant's Full Name (Last, First, MI)	Birth Date	Social Security Number

Applicant's Signature	Address	City	State	Zip

If you are under 18 years of age, please have your parent or guardian sign below.

By signing for my son or daughter, I understand he/she will be required to commit time to this program in Grant County Emergency Management Emergency Workers Program. I also understand a background check may be completed.

Signed

Date: _____

Parent/Guardian of: _____